

STATE OF SOUTH CAROLINA)

IN THE PROBATE COURT

COUNTY OF GREENVILLE)

ACCOUNTING

IN THE MATTER OF:)

CASE NUMBER: _____

(Decedent)

- FINAL
- INTERIM # _____

The undersigned Personal Representative submits this accounting, which covers the period from _____ through _____.

The documentation on the following page(s) of this form sets forth a complete accounting for the period specified, which is summarized as follows:

Beginning Balance from Inventory(ies) or prior Interim Accounting, if applicable	_____
Plus: Receipts (Rent, Refunds, Dividends, Interest, etc.)	_____
Subtotal	_____
Less: Disbursements and Distributions	_____
Ending Balance	_____

The Personal Representative declares that this account has been examined and that its contents represent a correct statement of all receipts and disbursements and are true to the best knowledge and belief of the Personal Representative.

SWORN to before me this _____ day of _____, 20 _____

Personal Representative:

Signature: _____

Print Name: _____

Address: _____

Notary Public for South Carolina
My Commission Expires: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____

Attorney: _____

Address: _____

Telephone : _____

Email: _____

